

# SNOHOMISH COUNTY SUPERFORM

## Synopsis / PC for Arrest

(Include all elements of the crimes, date of violation, and location of crimes)

**Marysville Police Department  
Detective B. Kieland #0046  
Case # 2018-45040  
Report**

I (Detective Kieland) on the date and time of this incident and following investigation was assigned to the Marysville Police Department as a commissioned Police Officer assigned to enforce the Laws and Ordinances of the State of Washington and the City of Marysville.

On 08-20-18 I was issued an Assault 2nd degree case with victim [REDACTED] DOB [REDACTED]

[REDACTED] said on 08-13-18 she worked at Smoky Point Behavioral Health Hospital as a nurse. She said she is responsible for admitting new patients and existing patients. She completes medical history, does physical exams and medical consults.

According to the Marysville Police statement [REDACTED] said she located patient [REDACTED] DOB [REDACTED] in 2W (2nd floor) the second door on the left. She said she was to determine [REDACTED] medical stability to allow her to participate in the Smokey Point Behavioral program. She said [REDACTED] answered her questions calmly. She said [REDACTED] was sitting on a bed with a blanket on her. [REDACTED] said she noticed [REDACTED] was not clothed under the blanket. [REDACTED] said she sat on the other bed closest to the door.

[REDACTED] said [REDACTED] answered all the questions and was responsive. [REDACTED] said she completed the paperwork and told her she needed to listen to her heart and lungs. She placed the clipboard on the bed and went to grab her stethoscope that was hanging around her neck. She said [REDACTED] grabbed both ends of the stethoscope pulling [REDACTED] towards her. [REDACTED] said she felt a sharp pain on her left eye area and she lost vision in that eye. [REDACTED] said she was having problems freeing herself from [REDACTED]. She turned into the hold as she was trained, tucked her chin to help maintain her airway. [REDACTED] said she yelled for help and two staff members removed [REDACTED] from [REDACTED]

[REDACTED] said a "Code grey" was called. She was picked up by the office manager named [REDACTED]. [REDACTED] drove her to the office building in Arlington. [REDACTED] said she assisted her with completing paperwork (L&I) and sat with her until Dr. [REDACTED] was able to examine her. He ordered a CT scan at Cascade Valley Hospital which showed a 5mm displaced orbital floor fracture (blow-out) with maxillary sinus full of fluid.

[REDACTED] said she had a follow-up with ENT, Dr. [REDACTED] at Western Wa Medical Group in Everett. He reviewed her scans and determined surgery would not be necessary.

On 08-22-18 I called [REDACTED] and she said that when [REDACTED] grabbed the ends of the stethoscope she thought she was going to die. She said she was being strangled with her own stethoscope. She said [REDACTED] was throwing punches that had landed in her left eye area causing damage. She said she never saw it coming and [REDACTED] did not

*I certify or declare under the penalty of perjury under the laws of the State of Washington, that the foregoing statement is true and correct. (RCW 9A.72.085)*

OFFICER'S NAME:	Kieland, Bronwyn	PER #:	0046	CONTACT #:		TRANSPORT OFFICER:	
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OFFICER'S SIGNATURE:	Snohomish County, WA	09/13/2018	PRECINCT/STATION:
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*Location signed City / State Date*

*This document was submitted to the Snohomish County Prosecutor's Office on a device that is owned, issued, or maintained by a criminal justice agency.*

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Rev. 2/24/2015

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display any signs of aggression during their meeting to complete paperwork. [REDACTED] said her injury should heal within 6 months but she is still experiencing headaches.

[REDACTED] said she wanted to press charges for Assault because she truly believes that [REDACTED] needs help and due to the significant injury she sustained she wants to press criminal charges.

[REDACTED] brought medical records into the Police department from Cascade Valley Hospital Dr. [REDACTED] indicating as follows;

- ***Left orbital floor blowout fracture measures 5 mm with left maxillary sinus full of fluid.***

On 08-22-18 I called and left a message for [REDACTED] ( [REDACTED] ) with no return phone call.

On 08-24-18 I called and left a message for [REDACTED] ( [REDACTED] ) with no return phone call.

On 09-11-18 I called and spoke to [REDACTED] who said her [REDACTED] is experiencing a "psychotic break." She said there was a death in the family and other factors that contributed to her break. She said [REDACTED] was a completely normal child until recently. She said they were driving in her vehicle and [REDACTED] started [REDACTED] she was going to kill her. [REDACTED] ended up jumping out of the vehicle to get away from her [REDACTED]

[REDACTED] said on 08-11-18 she took [REDACTED] to Bremerton Hospital mental health because she was a danger to herself due to jumping out of the vehicle. She said [REDACTED] has been hearing voices and thinks people are after her trying to kill her. On 08-13-18 [REDACTED] was transferred to Smokey Point Behavioral Health. [REDACTED] said [REDACTED] has never hurt anyone and she believes that [REDACTED] only was acting in self-defense because she believes people are trying to kill her. [REDACTED] does not understand why Smokey Point Behavioral Health did not take precautions to protect [REDACTED] from harm. She said [REDACTED] is 98 pounds but everyone was well aware she was having psychotic episodes.

[REDACTED] said she does not think charging her [REDACTED] with Assault will help her or do anything beneficial.

I am charging [REDACTED] DOB [REDACTED] with Assault 2nd degree and sent charging to the Snohomish County Juvenile Prosecutor's Office.

I completed a superform and sent it to the Snohomish County Juvenile Prosecutor's Office.

End of report.

**This document was submitted on a device that is owned, issued or maintained by the Marvsville**

<i>I certify or declare under the penalty of perjury under the laws of the State of Washington that the foregoing statement is true and correct. (RCW 9A.72.085)</i>								
OFFICER'S NAME: <u>Kieland, Bronwyn</u>			PER # <u>0046</u>	CONTACT #: _____		TRANSPORT OFFICER: _____		
OFFICER'S SIGNATURE: _____			Snohomish County, <u>WA</u> <u>09/13/2018</u>		PRECINCT/STATION: _____			
<i>This document was submitted to the Snohomish County Prosecutor's Office on a device that is owned, issued or maintained by a criminal justice agency.</i>								
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